

New Choices Waiver

Bureau of Authorization and Community Based Services, Division of Medicaid and Health Financing 801-538-6155 (option 6) or toll free 800-662-9651 (option 6)

Freedom of Choice Consent Form – Iron County New Applicant Transfer Request/New CMA Selection		
Individual's Name:	DOB:	
representative will need to select a case manag form is designed to help in that selection proce involvement, nor should it ever reflect a choice	ansfer to a new case management agency you or you gement agency that is different from your previous cass. This form should never be completed without you ethat you did not make of your own free will. If you case Waiver Program Office to inform us of the incident providers. (800-662-9651, option 6)	hoice. This our ou experience
You are free to choose from the list of all case case management agency would you like?	management agencies that are available in your are	a. Which
	ocates for Independence Abundant Solution lt Case Management	ns
Referrals to case management agencies can on you have made your selection above, please fa	ly be made by the New Choices Waiver Program O x this form to: (801)323-1586	ffice. Once
the case management agency that you have che care, the referral packet will consist of the orig when you initially applied to the New Choices Waiver records that we have received from cassince your initial application. This may include	v Choices Waiver Program Office will send a referrosen. To facilitate a smooth transition and to ensure tinal application forms and medical records that you Waiver program and will also include any relevant se management agencies or other New Choices Waile but is not limited to notice of decision letters, meditered care plans, incident reports, health and safety a	e continuity of submitted New Choices ver providers dical
that I have read and understand the information	I this case management agency of my own free will. In contained in this form and I authorize the New Challescribed above to the case management agency that	oices Waiver
Signature	Date	
Who is signing? Self/Applicant Fa	mily Representative	
Representative's Name (Print):		
Representative's Authority:		
Phone number for me or my representative:		